



**Kentucky WIC Program  
Retailer/Drug Store Application**  
**Please print unless otherwise indicated.**

***All questions on the application must be properly and fully completed.  
Please review the Kentucky WIC Manual for Applying Retailers for instructions on  
completing this form. Incomplete applications will be denied.***

**STORE IDENTIFICATION**

1. Store name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

2. Physical address:

Street address/rural route number: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Store telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address for store contact: \_\_\_\_\_

3. Mailing address – complete only if mail cannot be delivered to the physical address.

Street address/rural route number: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STORE OWNERSHIP AND MANAGEMENT**

4. Type of ownership (check one):

☐ Major Chain – Multiple States

☐ Independent Chain – Local Corporate Ownership

☐ Franchise – Multiple Locations

☐ Franchise – Single Location

☐ Independent – Not a Franchise

☐ Commissary



How many stores are under the same ownership? (Include applying store) \_\_\_\_\_

How many of these stores are currently authorized for the KY WIC Program? \_\_\_\_\_

How many of these stores are currently authorized for the Food Stamp Program? \_\_\_\_\_

**5. Corporate Identification - name and address of corporation:**

(Parent corp., if store is company owned)

Corporate contact name: \_\_\_\_\_

Business name: \_\_\_\_\_

Street number: \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail of corporate contact: \_\_\_\_\_

**6. Owner/Corporate Officer:**

Owner's/officer's address - enter requested information for owners of sole proprietorships, partnerships, principal shareholders of private corporations, LLC members or officers of a corporation. Include spouses in community property. If more than two owners, attach to this application the same information for each owner:

Present exactly as shown on legal documents.

First and Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street number: \_\_\_\_\_ Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street number: \_\_\_\_\_ Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Privacy Act Statement:** The collection of the social security number (SSN) is authorized by Section 2018 of Title 7, US Code and will be used to determine whether a store qualifies to participate in the WIC program, to monitor compliance with program regulations and for program management. The provision of the SSNs will be available only to officers and employees whose duties or responsibilities require access for the administration or enforcement of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC program) and the Food Stamp Act.

7. **Store Manager Identification** - person with primary on-site responsibility for daily operations:

First and last name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax #: \_\_\_\_\_

8. Business Ethics: Are any of the following now charged with or have they ever been convicted of or had a civil judgment for fraud; antitrust violation; embezzlement, theft or forgery; bribery; falsification or destruction of records; making false statements or claims; receiving stolen property; or obstruction of justice: 1) any partner, 2) owner, 3) any officer, 4) the corporate entity, 5) the manager or 6) any stockholder who has a substantial role in the operation of the store?

☐ Yes ☐ No

If yes, attach a written explanation, giving the name of the person(s) charged or convicted and their relationship to the owner, partner or corporate entity and their current or past position, if any, in the store or corporation; the court and court docket number, the crime(s) and date(s) committed; the penalty and time served and any other relevant information.

9. Are you (applying owner) related to the previous owner? ☐ Yes ☐ No

If yes, what is the relationship? \_\_\_\_\_

10. Have you (applying owner) ever previously applied to participate in the WIC Program and had your application rejected? ☐ Yes ☐ No

If yes, list date and reason rejected: \_\_\_\_\_

11. Have you ever previously participated in the WIC Program? ☐ Yes ☐ No

If yes, name of store: \_\_\_\_\_ Address: \_\_\_\_\_

WIC vendor number: \_\_\_\_\_ Dates of participation: \_\_\_\_\_

12. Have you, the corporation or the manager ever owned, managed or been an employee of a firm which received a warning, disqualification or termination from the WIC Program? ☐ Yes ☐ No If yes, list:

Store name and address: \_\_\_\_\_

Person/entity involved: \_\_\_\_\_

(Attached a listing of vendor numbers and store names if more than one (1) store.)

**Type of action received:**

☐ Warning ☐ Disqualification ☐ Termination Effective date: \_\_\_\_\_

Reason: \_\_\_\_\_

13. Previous Store Name and Owner:

Name: \_\_\_\_\_ Owner: \_\_\_\_\_

## **STORE OPERATIONS AND SALES**

14. When did (or will) the store open for business under the applying ownership?

\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year

15. What hours is the store open? Example: M – F 7a.m. to 11p.m.; Sat – Sun 7a.m. to 12a.m.

\_\_\_\_\_

16. Is this store open year-round, AT LEAST 40 hours a week? ☐ Yes ☐ No

17. Is this store's name visible on the outside of the store? ☐ Yes ☐ No

If no, indicate name on sign or store front if different than name on the front of this application: \_\_\_\_\_

18. Indicate the number of cash registers: \_\_\_\_\_

19. Can this store accept WIC Program benefits electronically? ☐ Yes ☐ No

This may be done by using the store's own multifunctional equipment or through use of a separate internet access device that transacts only WIC EBT redemptions.

20. Will the store use an FNS certified integrated system? ☐ Yes ☐ No

21. Does the store have an internet or telephone connection? If yes, what type?

☐ Yes ☐ No \_\_\_\_\_

22. List the internet or telephone service provider for this store. \_\_\_\_\_

23. Does the store's system have a firewall? ☐ Yes ☐ No

24. Does the store's system use a dynamic host configuration protocol (DHCP)?

☐ Yes ☐ No

25. Does the store's system use static IP addresses? If yes, what are the IP addresses or range of IP addresses? ☐ Yes ☐ No \_\_\_\_\_

26. Is there a network or telephone drop/jack near the cash registers?

☐ Yes ☐ No If no, indicate the location: \_\_\_\_\_

27. Please provide technical point of contact for the store:

Contact name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Office phone: \_\_\_\_\_ Email address: \_\_\_\_\_

28. Are there additional electrical outlets available in the lane(s)? ☐ Yes ☐ No

29. Do you expect to derive more than 50% of food sales in WIC? ☐ Yes ☐ No

30. Is there a valid retail-food establishment or retail food store number in the owner's name? ☐ Yes ☐ No  
If yes, enter Retail-Food Establishment Number: \_\_\_\_\_
31. Is this store authorized to accept SNAP? ☐ Yes ☐ No  
If authorized, enter SNAP authorization number: \_\_\_\_\_
32. Has this store ever been denied, withdrawn, or disqualified from SNAP?  
☐ Yes ☐ No  
If yes, enter date and the reason: \_\_\_\_\_
33. Has this store ever received a civil money penalty from SNAP? ☐ Yes ☐ No  
If yes, enter date and the reason: \_\_\_\_\_
34. Is there a pharmacy located within the confines of the store? ☐ Yes ☐ No  
If yes, will the pharmacy provide exempt formula or WIC Eligible Nutritionals for the WIC Program? ☐ Yes ☐ No
35. If applying as a pharmacy, can the store provide exempt formula or WIC Eligible Nutritionals within 48 hours of request? ☐ Yes ☐ No
36. List supplier from whom WIC foods are purchased:  
Name: \_\_\_\_\_  
Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
37. List supplier from whom infant formula is purchased. Infant formula must be purchased from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky or formula manufacturers registered with the FDA. An approved list is available from the State Agency or on-line at <http://chfs.ky.gov/dph/mch/ns/WIC.htm>  
Name: \_\_\_\_\_  
Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **STATEMENTS AND CERTIFICATION**

Certification and signature of owners (or person who has the ability to apply on behalf of the store or proxy).

I am applying for authorization for this store to take part in the WIC Program, and I have authority to enter into a WIC vendor agreement.

I understand the prices for the WIC approved foods shall be competitive with and not exceed the average shelf price of other vendors in the same peer group.

I understand that my stock of WIC approved foods must meet the WIC Program requirements for minimum variety and quantity at the time of application as a WIC vendor and throughout the period for which the WIC Vendor Agreement shall be in effect.

I understand that my authorization as a WIC vendor is subject to having a current Retail-Food Establishment or Retail Food Store number and a SNAP number.

I understand that the ownership and management of this store will be responsible for understanding the requirements, policies and procedures of the WIC Program and attending required WIC training.

I certify that the information supplied by me on this application and the attached Price List is correct. If it is determined that the information supplied is not correct or that, in review of the information supplied, the State Agency finds that my store does not meet the criteria to be a WIC vendor, my store will not be approved for a contract.

I understand that this is only a request for authorization and does not constitute a contract, and I will not accept WIC benefits until I have received an approved WIC vendor agreement, an authorized WIC vendor stamp, and a stand beside device (if applicable).

**Note:** If this is a **cost plus 10% store**, the final price (WIC price) must be posted on the shelf or on signage in aisle.

**Note: Only applies to drugstores** - I understand that I am to supply only exempt formula or WIC Eligible Nutritionals as requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

## **USDA Non-Discrimination Statement**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.htm](http://www.ascr.usda.gov/complaint_filing_cust.htm)), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**LOCAL AGENCY USE ONLY – RETAIL GROCER**

The following information must be obtained during an on-site visit. The on-site visit cannot be performed until the applying owner has actually taken possession of the store and the property transfer has been completed.

1. Complete the following by: (a) checking yes if the store meets both the “inventory specifications” and “total quantity required in stock,” or no if the vendor does not meet the criteria; and (b) checking yes if the store has the prices for food items displayed on the shelf, food item or display case or no if the prices are not clearly displayed.
2. Verify the store’s shelf, item or display case prices match the prices listed on the Approved Items Price List. ☐ Yes ☐ No If no, explain: \_\_\_\_\_

FOOD ITEM	INVENTORY SPECIFICATIONS	TOTAL QUANTITY REQUIRED IN STOCK	INVENTORY IN STOCK	COMMENTS	PRICES MARKED
MILK	2 TYPES REQUIRED MUST HAVE WHOLE MILK <u>AND</u> 1% IN GALLON CONTAINERS; MUST BE ABLE TO SUPPLY ½ GALLONS AND QUARTS UPON REQUEST	4 - GALLONS WHOLE AND 10 - GALLONS 1%	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
CHEESE	1 TYPE REQUIRED MUST BE AVAILABLE IN 8 OUNCE OR 16 OUNCE PACKAGES; NO DELI CHEESE OF ANY TYPE	4 - POUNDS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
EGGS	GRADE A LARGE OR SMALLER	5 - DOZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
CEREAL	3 PRODUCTS 2 OF THE 3 PRODUCTS MUST BE WHOLE GRAIN	9 - BOXES	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
JUICE	2 FLAVORS OF 64 OUNCE <u>AND</u> 2 FLAVORS OF 48 OUNCE REQUIRED MUST BE 100% FRUIT OR VEGETABLE JUICE, UNSWEETENED	COMBINED QUANTITIES TO EQUAL 14 CONTAINERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO



BEANS OR PEAS	1 TYPE DRY BEANS OR PEAS <u>AND</u> 1 TYPE CANNED BEANS OR PEAS	4 - ONE POUND (16 OUNCE) PACKAGES <u>AND</u> 16 - 15 TO 16 OUNCE CANS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
FISH	1 TYPE REQUIRED	45 - OUNCES	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
PEANUT BUTTER	1 TYPE REQUIRED	4 – 16 <u>TO</u> 18 OUNCE CONTAINERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHOLE WHEAT BREAD	1 TYPE REQUIRED	4 - 16 OUNCE PACKAGES OF BREAD	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
FRESH OR FROZEN FRUITS & VEGETABLES	2 TYPES FRESH OR FROZEN FRUITS <u>AND</u> 2 TYPES FRESH OR FROZEN VEGETABLES	10 - POUNDS TOTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT FORMULA	1 TYPE OF CONTRACT BRAND POWDER REQUIRED  GERBER GOOD START GENTLE, GOOD START SOY, GOOD START SOOTHE	11 - CANS TOTAL OF CONTRACT BRAND POWDERED FORMULAS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT CEREAL	1 TYPE REQUIRED 8 OUNCE CONTAINERS	3 – 8 OUNCE CONTAINERS TOTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT FRUITS & VEGETABLES	2 TYPES INFANT FRUITS <u>AND</u> 2 TYPES INFANT VEGETABLES  JARS ONLY	32 - 4 OUNCE JARS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Is this store primarily a retail grocery? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

Indicate staple food items sold at this store (must stock at least two selections in each of the following four staple food groups):

bread/cereal

☐ bread

☐ cereal

☐ pasta

☐ rice

☐ flour

dairy products

☐ milk

☐ cheese

☐ butter

☐ yogurt

☐ other\_\_\_\_\_

fruits/vegetables

☐ fresh fruits/  
vegetables

☐ canned fruits/  
vegetables

☐ frozen fruits/  
vegetables

☐ 100% fruit/  
vegetable juices

☐ other\_\_\_\_\_

meat, poultry, fish

☐ beef/chicken

☐ pork/bacon/ham

☐ eggs

☐ lunch meats/ hot dogs

☐ other\_\_\_\_\_

**Indicate other items sold at this store:**

☐ gasoline

☐ lottery tickets

☐ liquor

☐ auto parts

☐ hardware

☐ video rental

☐ deli

☐ bait

4. Have you reviewed with this store the Vendor Agreement and the consequences of Program abuse? ☐ Yes ☐ No
5. Has the vendor applicant been advised that the store is not an authorized WIC vendor and cannot accept WIC benefits until the certified integrated system or stand beside device is operable.? ☐ Yes ☐ No
6. Is the retail food permit visible in the store? ☐ Yes ☐ No
7. I certify that I have visited this store and find it (☐ **eligible** / ☐ **not eligible**) based upon the criteria for selection of vendors and the vendor agreement. if this vendor applicant is not eligible, please document why: \_\_\_\_\_

\_\_\_\_\_  
Print legibly the name of Local Agency reviewer

\_\_\_\_\_  
Signature of Local Agency reviewer

\_\_\_\_\_  
Date

**LOCAL AGENCY USE ONLY – DRUG STORE**

The following information must be obtained during an on-site visit. The on-site visit cannot be performed until the applicant has actually taken possession of the store and the property transfer has been completed.

1. Review Drug Store's SRP listing(s). (Does/Do) the SRP listing(s) have an extensive list of formula? ☐ Yes ☐ No
2. Verify the Price List with the shelf or display case prices, if applicable.
3. Advise vendor applicant that the store is not an Authorized WIC Vendor and cannot accept WIC benefits until the certified integrated system or stand beside device is operable and initial training completed.
4. I certify that I have visited this store and find it (☐ **eligible**/☐ **not eligible**) based upon the criteria for selection of drug stores and the vendor agreement. If this vendor applicant is not eligible, please document why: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print legibly the name of Local Agency reviewer

\_\_\_\_\_  
Signature of Local Agency reviewer

\_\_\_\_\_  
Date

**STATE AGENCY USE ONLY**

1. Are the food prices competitive? ☐ Yes ☐ No
2. SNAP Number: \_\_\_\_\_ Date verified: \_\_\_\_\_
3. Retail-Food Establishment Number: \_\_\_\_\_ Date verified: \_\_\_\_\_
4. Has the fifty percent (50%) criterion assessment been completed? ☐ Yes ☐ No
5. Does the vendor meet the criteria for selection of vendors? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has request been sent to CDP for eWIC approval? ☐ Yes ☐ No
7. Recommended for approval? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of State Agency reviewer

\_\_\_\_\_  
Date